

## ACCOUNT CHANGE REQUEST

**Account owner:** Please use this form to make changes to your payment plan. Changing your payment plan may affect when you can use your GET units. Please call us at 1-800-955-2318 for more information.

### Current Account Information

Account Number \_\_\_\_\_  
Account Owner \_\_\_\_\_ SSN or TIN \_\_\_\_\_  
Student Beneficiary \_\_\_\_\_ SSN or TIN \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Reason for Change \_\_\_\_\_

### 1. Account Changes:

- ☐ **Convert** my Custom Monthly Plan to a Lump Sum Plan.
- ☐ **Reduce** the number of units in my Custom Monthly Plan from \_\_\_\_\_ units to \_\_\_\_\_ units (*must be in 50 unit increments*).
- ☐ **Reduce\*** the number of years in my Custom Monthly Plan from \_\_\_\_\_ years to \_\_\_\_\_ years.
- ☐ **Increase\*** the number of years in my Custom Monthly Plan from \_\_\_\_\_ years to \_\_\_\_\_ years.
- ☐ **Add\*\*** the following Custom Monthly Plan to my existing Lump Sum Plan: (*Please complete the following*):  
\_\_\_\_\_ units to be bought over \_\_\_\_\_ years for a monthly payment of \$ \_\_\_\_\_.
- ☐ **Other** \_\_\_\_\_

*\* Call us for more information. Some limitations apply.*

*\*\* A Custom Monthly Plan can be added only during an open enrollment period (September 15 – March 31).*

### 2. Automatic Payments - Automatic monthly withdrawal from your checking or savings account (ACH):

Automatic monthly withdrawals (ACH) can be made from your checking or savings account. To set up a new ACH, you must complete an Automatic Withdrawal Authorization form, available for download from [www.get.wa.gov](http://www.get.wa.gov)

- ☐ **Inactivate the ACH** for this GET account.
- ☐ **Change the ACH amount** for this GET account to \$\_\_\_\_\_.

**To change payroll deductions**, the employee must submit to his or her payroll department an Authorization for Payroll Deduction form, available for download from [www.get.wa.gov](http://www.get.wa.gov)

### Account Owner's Signature - Required

***Only the account owner may authorize changes to this account.***

*I certify under penalty of perjury that I am the legal account owner and I authorize these requested changes to my Guaranteed Education Tuition Program account indicated above.*

\_\_\_\_\_  
Account Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Owner's Email Address

**Send to:** Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

**Questions:** [GETInfo@hecb.wa.gov](mailto:GETInfo@hecb.wa.gov) or 1-800-955-2318